

National Rottweiler Council (Australia)

DENTAL CERTIFICATE

ROTTWEILER CLUB OF VICTORIA

004158

State or Territory of Issue.....

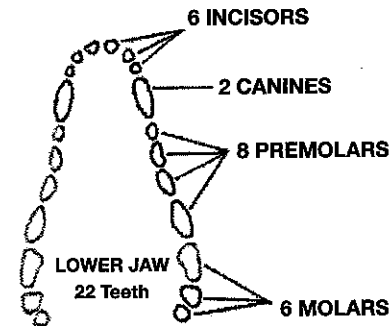
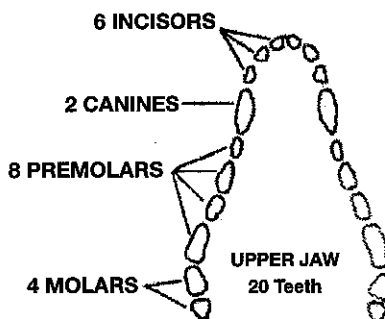
Dog's Registered Name: BLACKCOMBE DEMELZA
 Date of Birth: 16 / 04 / 2017 Sex: ~~Male~~ / Female (Delete as appropriate)
 Registration Number: 5100100090 Microchip / Tattoo Number: 941000021215784

DENTITION

Full Dentition (42)



(tick which)



Please indicate any missing teeth on diagram.

If additional teeth are present please note: _____

BITE: Please initial or sign in the shaded area of the correct box

SCISSORS BITE

M. Burke

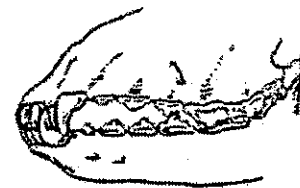
LEVEL BITE



Position of 1, 2, incisors



Position of 1, 2, incisors



OVERSHOT BITE

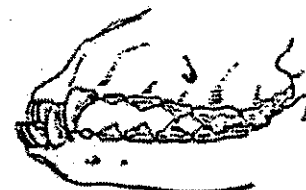
UNDERSHOT BITE



Position of 1, 2, incisors



Position of 1, 2, incisors



Any deviation from the above please comment: Eg. Wry Mouth, etc:

I hereby certify that the information contained in this Certificate is true and correct to the best of my professional knowledge at the time of examination.

Veterinary Surgeon submitting information: Dr Michael J Burke B.V.Sc
 Address: 52 Main North Rd PROSPECT SA 5082
 Signature: M. Burke Date of Examination 4 / 9 / 18

Owner's Name: G. PASCALE
 Address: 124 B 8TH ST, MILDURA 3500 VIC Phone No.: () _____

Please forward BLUE copy to NRCA Breed Recorder:
 Name: S. BAIRD
 Address: PO BOX 1102 GROVEDALE 3216

And YELLOW Copy to State Club
 White: Owner's Original Blue: NRCA Breed Recorder Copy Yellow: State Club Copy